CITY OF IDAHO FALLS

AFLAC

SEMI-MONTHLY RATE SHEET 2015

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR

LEVEL TWO - SERIES A-35200

18-70	INDIVIDUAL	\$13.26
18-70	HUSBAND WIFE	\$17.68
18-70	ONE-PARENT FAMILY	\$19.96
18-70	TWO-PARENT FAMILY	\$25.16

CANCER CARE PLAN

	SELECT - SERIES A-7820	<u>0</u>	CLASSIC - SERIES A-78300			
18-75	INDIVIDUAL	\$11.90	INDIVIDUAL	\$18.79		
18-75	HUSBAND WIFE	\$21.00	HUSBAND WIFE	\$33.48		
18-75	ONE-PARENT FAMILY	\$11.90	ONE-PARENT FAMILY	\$18.79		
18-75	TWO-PARENT FAMILY	\$21.00	TWO-PARENT FAMILY	\$33.48		

SHORT TERM DISABILITY - Series A-57600 6 Mo. BENEFIT PERIOD

Elimination Period Accident/Sickness - 14/14 DAYS

MO. BENEFIT	\$1,000 \$1,100 \$1,200 \$1,300 \$1,400 \$1,500 \$1,600 \$1,700 \$1,800 \$1,900 \$2,000 \$2,100 \$2,	<u>,200</u>
18-49	\$11.05 \$12.16 \$13.26 \$14.37 \$15.47 \$16.58 \$17.68 \$18.79 \$19.89 \$21.00 \$22.10 \$23.21 \$24	4.31
50-64	\$15.60 \$17.16 \$18.72 \$20.28 \$21.84 \$23.40 \$24.96 \$26.52 \$28.08 \$29.64 \$31.20 \$32.76 \$34	4.32
65-74	\$19.50 \$21.45 \$23.40 \$25.35 \$27.30 \$29.25 \$31.20 \$33.15 \$35.10 \$37.05 \$39.00 \$40.95 \$42	2.90

SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 30/30 DAYS

MO. BENEFIT	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-49	\$7.80	\$8.58	\$9.36	\$10.14	\$10.92	\$11.70	\$12.48	\$13.26	\$14.04	\$14.82	\$15.60	\$16.38	\$17.16
50-64	\$11.05	\$12.16	\$13.26	\$14.37	\$15.47	\$16.58	\$17.68	\$18.79	\$19.89	\$21.00	\$22.10	\$23.21	\$24.31
65-74	\$13.65	\$15.02	\$16.38	\$17.75	\$19.11	\$20.48	\$21.84	\$23.21	\$24.57	\$25.94	\$27.30	\$28.67	\$30.03

MANY ADDITIONAL STD OPTIONS AVAILABLE CALL FOR QUOTE